## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective January 1,	2003
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30256 / 39669

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)						TYPE			OR	SMALL		
TOTAL CLAIMS		50				RA	ΓΕ	FEE	1	RATE	FEE	
FC	FOR NUMBER FILED			NUMB	ER EXTRA	BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TC	TAL CHARGEA	BLE CLAIMS	50minus 20=		*.30		X\$	9=	27000	βR	X\$18=	
INE	DEPENDENT CL	AIMS	5- mi	nus 3 =	2		X4:	2=	Γ	PR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT						+14	0=	6/10	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in c					olumn 2	TOT	AL		OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN
(Column 1) (Column 2) (Column 3)								ALL I	ENTITY	OR	SMALL	ENTITY
MENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	<b>X</b> \$	9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CLAINA		X42	2=		OR	X84=	
_	TINOT FRESE	INTATION OF IM	OLTIPLE DEF	PENDENT	CLAIM		+14	0=		OR	+280=	
								TAL FEE		OR	TOTAL	
(Column 1) (Column 2) (Column 3)										10	ADDIT. FEE	1
		CLAIMS		HIGH		(Column 3)			ADDI	1 :		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ :	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42	?=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		+14				+280=	
							L	)= )TAL	-	OR	TOTAL	
							ADDIT.			OR	ADDIT. FEE	
		(Column 1)	The transfer of	(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	 )=		OR	X\$18=	
	Independent	*	Minus	***		=	X42				X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_		OR	704-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
	n are enav in colu	ınır i is iess man ti	THE POICY ID COIL	11111 2 W/NA		umn 3				'		
**	If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI	S SPACE is	s less tha	n 20. enter "20."	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	